COBB COUNTY BOARD OF TAX ASSESSORS Application for Property Tax Exemption

Requested Tax Year(s):

Owner's Name (F	PLEASE PRINT)	Address			City	State	Zip	
c/o Me 736 W	obb County Boa eagan Knight /hitlock Ave, Suit tta, Georgia 3006							
		egory below that you belie				, or 48-5-470.2 (item 17	7).	
(1)(A)	Public propert	v						
(1)(D)	benefit of a co	by a Georgia nonprofit c unty, municipality, or sc		ncome is exempt fro	om federal incon	ne tax and <u>held excl</u>	usively for the	
(2)	All places of b							
(2)(A) (2.1)(A)	All places of religious worship All property owned by and operated exclusively as a church, an association or convention of churches, a convention mission							
(2.1)(A)		an integrated auxiliary of						
(3)		vned by religious groups						
(4)		of <u>purely</u> public charity		,			,	
(5)		nonprofit hospitals use				vestment purposes	and are	
(0)		laws of this state regulat						
(6) (7)		rected for and used as a					or cominarios	
(1)	All funds or property held or used as endowment by colleges, nonprofit hospitals, incorporated academies or other seminaries of learning when the funds or property are not invested in real estate							
(8)		rsonal property when us			rarv. or anv othe	r literary associatio	n	
(9)		osophical apparatus, pa						
		or sale or gain						
(10)	Reserved							
(11)	All property <u>used in or which is a part of</u> any facility which has been installed or constructed at any time for the <u>primary purpose</u> of eliminating or reducing air or water pollution <u>if</u> such facilities have been certified by the DNR as necessary and adequate for the purposes intended							
(12)	All property of a nonprofit home for the aged <u>used in connection with</u> its operation <u>when</u> the home has no stockholders and no income or profit distributed to or for the benefit of any private person <u>and</u> when the home is qualified as an exempt							
		nder the United States Ir						
(13)	All property of a nonprofit home for the mentally disabled <u>used in connection with</u> its operation when the home has <u>no stockholders</u> and there is <u>no benefit</u> to any private person <u>and</u> when the home is qualified as an exempt organization under the United States Internal Revenue Code, Section 501(c)(3)							
(14)(A)	Property which is <u>owned by and used exclusively</u> as the headquarters, post home, or similar facility of a veterans organization when at least 75 percent of the members, past or present, are members of the armed forces of the United States and there is no							
(14)(B)	benefit to any private shareholders or individuals Property which is owned by and used exclusively by any veterans organization which is qualified as a nonprofit 501 (c)(3) organization and which has been organized for the purpose of refurbishing and operating historic military aircraft acquired							
	from the feder public for edu	al government and other cational purposes	sources, making s	uch aircraft airworth	ny, and putting s	such aircraft on disp	lay to the	
(15)	Property owned by an historical benefit association whose founding organization received its charter from the General Assembly of Georgia <u>prior to January 1, 1880</u> and used <u>exclusively</u> for charitable, fraternal, and benevolent purposes							
(16) (17)	Vehicles <u>owned by</u> a school or educational institution and used <u>exclusively</u> for transporting <u>persons with disabilities or disabled</u> students <u>to or from</u> educational institutions when the institution(s) <u>is qualified as an exempt institution</u> Vans and buses <u>owned by</u> religious groups and used <u>exclusively</u> for:							
(,		es <u>owned by</u> religious gr ntaining and operating e			,			
	(b) transpo	rting individuals to religionsored by the religious	ous services, OR			haritable purposes		
(18)		ject that is subject to a p						
Complete this		h the applicable question				of this application	Answer each	
		ets of paper as necessar	` ' '	•		• • •		
		is for more than one pa						
	•	aire(s), (no facsimiles), b	· —		- ′			
• •	•	be obtained by calling th						
	• •	, ,		, , ,				
described in t	he attached ques	apply for tax exemption, stionnaire(s) and the <u>yea</u> my knowledge and belie	r indicated above.	I certify that I am du	uly authorized to	represent the owner		
Applicant's na	ame (printed)	Title Corre	espondence Mailing	Address	City	State	Zip	
Signature			Date	Phone No.		Fax No.		
E-mail Addres	is.		Web-si	te		Re	vised 12/17/18	

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Application for Property Tax Exemption

Questionnaire for a Place of Burial							
Name of owner:							
Parcel ID: copy of reporting form.)	Personal Property A	account No(s).	(Attach a				
Location (address) of property:							
Date acquired:							
In the past calendar year was maintenance of burial sites?	s the property used for any revenue pr if yes, please explain in d	roducing purpose other than detail.	n the sale and				
2. Is any part of the subject pro	perty used as a funeral home?	if yes, explain in detai	il.				
3. Is the property used or held e	exclusively for burial of the dead or th	ne care and maintenance of	such property?				
4. What portion of the property	are burial sites actually delineated? _						
5. Are there any deed restriction	ns on the property? if yes,	explain in detail.					
6. Is there a cell tower or billboa	ard on the property? if ye	s, indicate which					
above which relate to the owner or (inside & outside), personal prope	ecision, <u>please attach copies of the fo</u> the property: articles of incorporatio erty reporting form, informational bro you believe will help to establish that	n, bylaws, financial stateme ochures and certificates of	ents, deeds, plats, pictures occupancy. Also, please				
Name of preparer	Signature	Date	Phone No.				